

Progress Report of Internship Presented to the

***South Dakota State Board of Pharmacy - 4305 South Louise Ave., Suite 104, Sioux Falls, SD 57106
Phone: 605-362-2737***

Name: _____

Registration No: _____

Internship Site: _____

Address/City/State/Zip: _____

This report covers: From: _____ To: _____

Preceptor's Evaluation of Intern

Use the following for evaluation:

<i>1. Highly Satisfactory</i>	<i>2. Satisfactory</i>
<i>3. Needs Improvement</i>	<i>4. Not Applicable this Period</i>

Personal Qualities

Ability to meet people	_____
Ability to cooperate and work with others	_____
Ability to comprehend instructions	_____
Ability to receive criticism	_____
Ability to communicate with and instruct others	_____
Attitude toward customers	_____
Attitude toward preceptor and pharmacists	_____
Attitude toward other employees	_____
Attitude toward other health professionals	_____
Personal self confidence	_____
Personal self discipline	_____
Personal hygiene	_____
Interest in profession	_____
Application of professional knowledge	_____

Pharmacy Experience Competencies

To meet the requirement of licensure, an applicant must have 1,500 hours of practical pharmacy experience. **At least 880 hours of practical experience must be obtained in a pharmacy where the predominant time is spent developing competence in the following areas:**

- | | |
|--|-------|
| 1. Receiving and interpreting prescriptions | _____ |
| or medication orders | |
| 2. Compounding prescriptions or medication orders | _____ |
| 3. Dispensing prescriptions or medication orders | _____ |
| 4. Reviewing patient medication orders | _____ |
| 5. Communicating with patients and consulting with | _____ |
| other health professionals; and | |
| 6. Managing a pharmacy | _____ |

Certificates Verifying Experience of Registered Intern

I have complied with the provisions of the South Dakota Board of Pharmacy Regulations and the instructions and rules of internship furnished me at the time of, and considered the above progress report of internship training to be a correct statement of fact.

Signature of Intern

Date

I certify that I am a registered pharmacist, and the same person who by endorsement of application, agreed to supervise the internship training of person listed above. I have completed the preceptors evaluation of internship and declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Preceptor

Date

Cert No.

State

*Intern Hours
For the South Dakota State
Board of Pharmacy
(Complete for each week or portion thereof)*

For Office Use Only

Total Number of
Pharmacy Competency Hours: _____

Total Hours Worked: _____

***The Board of Pharmacy requires the intern to complete 880 hours of practical pharmacy experience where the predominant time is spent developing competence in the areas listed as Pharmacy Experience Competencies on the opposite side of this form. Check the box for each day that the intern experience involves developing those competencies.**

Month	Place dates below days of week						
	Su	Mo	Tu	We	Th	Fr	Sa
Date Δ							
*Pharmacy Competency							
Total Hours Worked							

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